

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

Class A - ATF
APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

ENTERED

Date stamp (received)
001 03 2014
Bayfield Co. Zoning Dept.

Permit #: 14-0453
Date: 12-3-14
Amount Paid: \$350 10-3-14
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input checked="" type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		DAVID COLLEEN CARTER		Mailing Address:		30145 W CRYSTAL DR		City/State/Zip:
Address of Property:		30145 W CRYSTAL DRIVE		City/State/Zip:		Cable, WI 54821		Telephone:
Contractor:		WATER RIVER LEADERSHIP		Contractor Phone:		Plumber:		Cell Phone:
Authorized Agent: (Person Signing Application on Behalf of Owner)		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Plumber Phone:		Written Authorization Attached
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-081-2-44-06-33-3 05-003-13000		Recorded Document: (i.e. Property Ownership) Volume 740 Page(s) 77		Subdivision: 746
1/4, 1/4		Gov't Lot	1	CSM	Vol & Page	1097	7,55	Lot(s) No.
Section 33, Township 44 N, Range 6 W		Town of: Grand View		Lot Size		Acreage		93

<input checked="" type="checkbox"/> Shoreland	Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: feet		

Value at Time of Completion * include donated time & material	\$ 10,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: (New) Sanitary	<input type="checkbox"/> City	<input type="checkbox"/> Well
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: <input checked="" type="checkbox"/> Sanitary (Exists)	<input type="checkbox"/> Vented (min 200 gallon)	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> Well
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> None			
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None			

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X)	
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.)	() X)	
<input type="checkbox"/> Municipal Use	with Loft	() X)	
	with a Porch	() X)	
	with (2 nd) Porch	() X)	
	with a Deck	() X)	
	with (2 nd) Deck	() X)	
	with Attached Garage	() X)	
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	() X)	
	Mobile Home (manufactured date)	() X)	
	Addition/Alteration (specify)	() X)	
	Accessory Building (specify)	() X)	
	Accessory Building Addition/Alteration (specify)	() X)	
	Rec'd for Issuance		
	Special Use: (explain) Class A Shoreland Grading	(25x150)	3,750
	Conditional Use: (explain)	(8x50)	400
	Other: (explain)	(8x20)	160

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): David Carter
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit: same as above
Date: 10-2-14
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

See Attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	Feet		
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:				
Permit #: 14-0453	Permit Date: 12-3-14					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)		Case #:	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Zoning District	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Affidavit Classification ()	
Inspection Record:	Work began without permit. Slopes > 20%					(R-1)
Date of Inspection	10-17-14	Inspected by:	M. Tuttle			Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – If No they need to be attached.						
Must use best management practices to prevent erosion or siltation of wetlands etc.						
Signature of Inspector:		Michael Tuttle				Date of Approval: 10-17-14
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input checked="" type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input checked="" type="checkbox"/> Authorization		

RECEIVED

JUN 23 2000

Zoning

UNOFFICIAL
COPY

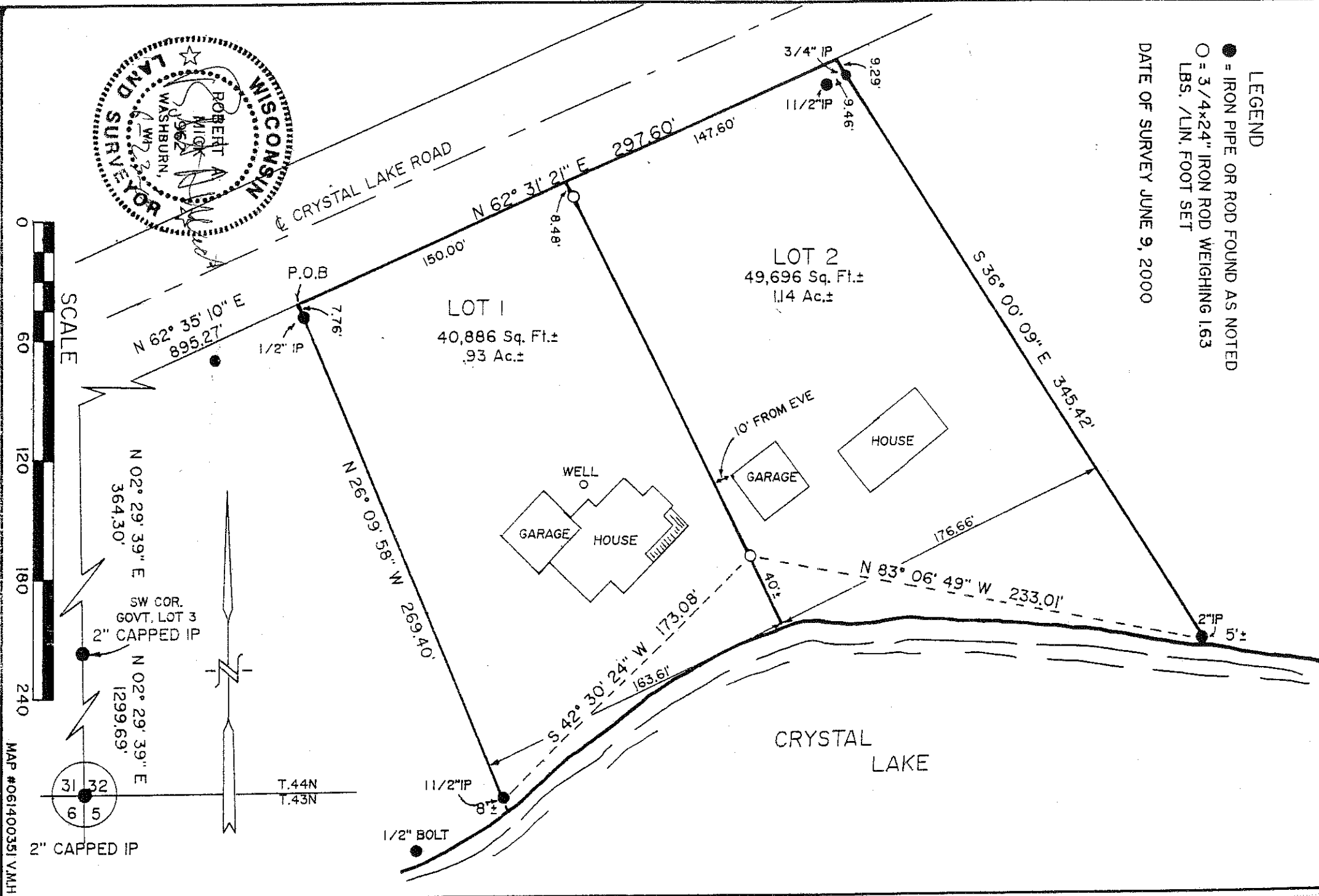
BAYFIELD COUNTY CERTIFIED SURVEY MAP # 1097
LOCATED IN GOVT. LOT 3, SEC. 32, T.44N., R.6W.,
THE TOWN OF GRAND VIEW BAYFIELD COUNTY, WIS.

SHEETS 1 OF 2

LEGEND

- = IRON PIPE OR ROD FOUND AS NOTED
- = 3/4"x24" IRON ROD WEIGHING 1.63 LBS. /LIN. FOOT SET

DATE OF SURVEY JUNE 9, 2000



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

DATE STAMP RECEIVED
SEP 22 2014
Bayfield Co. Zoning Dept

Permit #: 14-0454
Date: 10-3-14
Amount Paid: \$350 9-23-14
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Allen + Jeanette Foreness	Mailing Address: 1055 City Hwy # 1000 River, WI 54847	City/State/Zip: Iron River, WI 54847	Telephone: 715-372-4264
Address of Property: 48085 Chapelwood Rd D		City/State/Zip: Grandview WI	Cell Phone:
Contractor: Dean Wey Building		Contractor Phone: 715-416-0925	Plumber: Dean Burch
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Dean Wey Building Charles Telford		Agent Phone: 715-416-0925	Agent Mailing Address (include City/State/Zip): W5903 Oakridge Dr Troy, WI 54588
PROJECT LOCATION: SE 1/4, SW 1/4	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-031-3-44-06-303-04-000-30000	Recorded Document: (i.e. Property Ownership) Volume 1074 Page(s) 611
Section 20, Township 44 N, Range 6 W	Town of: Grandview	Lot Size	Acres: 1.2

Shoreland	Is Property/Land within 300 feet of River, Stream, Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> Yes--continue	Distance Structure is from Shoreline: 170 feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Is Property/Land within 1000 feet of Lake, Pond or Flowage? <input checked="" type="checkbox"/> Yes--continue	Distance Structure is from Shoreline: 170 feet		

Value at Time of Completion: \$ 385,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

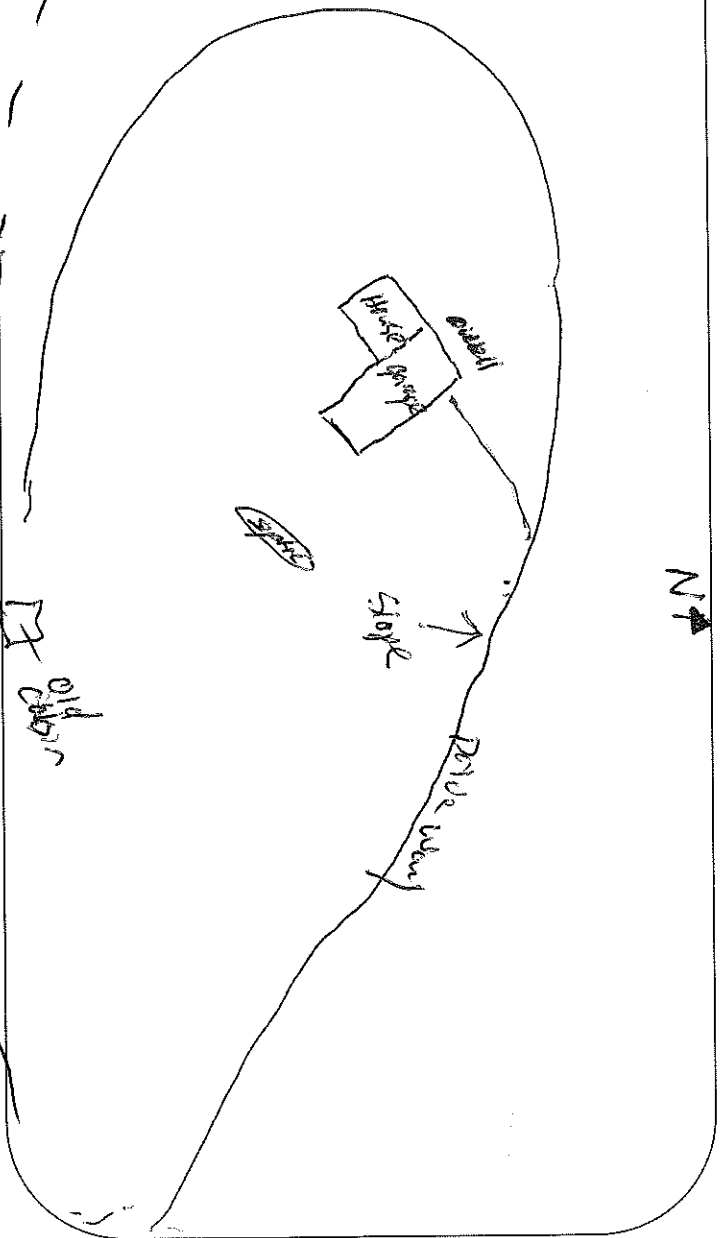
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(36 X 44)	1584
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(3 X 44)	352
	with Loft	(3 X 44)	
	with a Porch	(3 X 44)	
	with (2nd) Porch	(3 X 44)	
	with a Deck	(3 X 44)	
	with (2nd) Deck	(40 X 40)	2736
	with Attached Garage		
	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	(3 X 44)	
	<input type="checkbox"/> Mobile Home (manufactured date)	(3 X 44)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Addition/Alteration (specify)	(3 X 44)	
	<input type="checkbox"/> Accessory Building (specify)	(3 X 44)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	(3 X 44)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Rec'd for Issuance		
	<input checked="" type="checkbox"/> Special Use: (explain) Class A Shoreland Grading	(3 X 44)	
	<input type="checkbox"/> Conditional Use: (explain)	(3 X 44)	
Secretarial Staff	<input type="checkbox"/> Other: (explain)	(3 X 44)	

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I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date _____
(if there are Multiple Owners listed on the Deed ALL Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Dean Wey Building Charles Telford Date 9-18-14
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit: W5903 Oakridge Dr, Troy WI 54588
Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
North (N) on Plot Plan
- (2) Show / Indicate: **(*) Driveway and (*) Frontage Road** (Name Frontage Road)
- (3) Show Location of (*): **All Existing Structures on your Property**
- (4) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (5) Show: **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (6) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**
- (7) Show any (*):



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet 170
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	Feet 42	Setback from Wetland	Feet
Setback from the South Lot Line	Feet	20% Slope Area on property	Driveway? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the West Lot Line	Feet	Elevation of Floodplain	Feet
Setback from the East Lot Line	Feet		
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

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For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:				
Permit #: 14-0454	Permit Date: 10-3-14					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	Case #:		Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:						
Grading exceeds 5,000 ft.						
Date of Inspection: 10-17-14	Inspected by: M. Fritsch					Zoning District (R-1)
Conditions: Town, Committee of Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)						Lakes Classification (1)
Old fuel oil tank and other debris must be removed from shoreline area. next to dock.						
Signature of Inspector: Michael Strutzel						Date of Approval: 10-7-14
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			